

County: Walworth
 GOLDEN YEARS HEALTH CARE CENTER
 270 RIDGE ROAD

Facility ID: P070

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WALWORTH 53184 Phone: (262) 275-6103
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 28
 Total Licensed Bed Capacity (12/31/01): 28
 Number of Residents on 12/31/01: 24

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 25

Corporation
 Skilled
 Yes
 No
 No
 25

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No								
Supp. Home Care-Personal Care	No								
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		1 - 4 Years			
Day Services	No	Mental Illness (Org./Psy)		65 - 74		More Than 4 Years			
Respite Care	No	Mental Illness (Other)		75 - 84					
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94					
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over					
Congregate Meals	No	Cancer							
Home Delivered Meals	No	Fractures							
Other Meals	No	Cardiovascular		65 & Over					
Transportation	No	Cerebrovascular							
Referral Service	No	Diabetes		Sex					
Other Services	No	Respiratory							
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male					
Provide Day Programming for Developmentally Disabled	No			Female					

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	6	25.0	131	0	0.0	0	0	0.0	0	6	25.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	11	45.8	125	0	0.0	0	0	0.0	0	11	45.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	3	12.5	118	0	0.0	0	0	0.0	0	3	12.5
Personal Care	---	---	---	0	0.0	0	0	0.0	0	3	12.5	111	0	0.0	0	0	0.0	0	3	12.5
Residential Care	---	---	---	0	0.0	0	0	0.0	0	1	4.2	97	0	0.0	0	0	0.0	0	1	4.2
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		24	100.0		0	0.0		0	0.0		24	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	6.1	Bathing	0.0	75.0	25.0	24
Other Nursing Homes	21.2	Dressing	4.2	75.0	20.8	24
Acute Care Hospitals	51.5	Transferring	29.2	58.3	12.5	24
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	4.2	83.3	12.5	24
Rehabilitation Hospitals	3.0	Eating	54.2	29.2	16.7	24
Other Locations	12.1	*****				
Total Number of Admissions	33	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.3		Receiving Respiratory Care	12.5
Private Home/No Home Health	3.0	Occ/Freq. Incontinent of Bladder	54.2		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	3.0	Occ/Freq. Incontinent of Bowel	33.3		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	4.2
Acute Care Hospitals	45.5	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	29.2
Rehabilitation Hospitals	0.0					
Other Locations	18.2	Skin Care			Other Resident Characteristics	
Deaths	30.3	With Pressure Sores	0.0		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	4.2		Medications	
(Including Deaths)	33				Receiving Psychoactive Drugs	50.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio %	Bed Size: Under 50 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	82.5	1.16	94.9	1.01	85.8
Current Residents from In-County	66.7	74.3	0.90	69.9	0.95	69.4
Admissions from In-County, Still Residing	24.2	19.8	1.22	27.6	0.88	23.1
Admissions/Average Daily Census	132.0	148.2	0.89	84.7	1.56	105.6
Discharges/Average Daily Census	132.0	146.6	0.90	88.0	1.50	105.9
Discharges To Private Residence/Average Daily Census	8.0	58.2	0.14	16.0	0.50	38.5
Residents Receiving Skilled Care	25.0	92.6	0.27	73.4	0.34	89.9
Residents Aged 65 and Older	100	95.1	1.05	91.6	1.09	93.3
Title 19 (Medicaid) Funded Residents	0.0	66.0	0.00	50.3	0.00	69.9
Private Pay Funded Residents	100	22.2	4.51	46.9	2.13	22.2
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.8
Mentally Ill Residents	20.8	31.4	0.66	52.4	0.40	38.5
General Medical Service Residents	4.2	23.8	0.18	9.8	0.43	21.2
Impaired ADL (Mean)	50.0	46.9	1.07	51.2	0.98	46.4
Psychological Problems	50.0	47.2	1.06	55.2	0.91	52.6
Nursing Care Required (Mean)	6.3	6.7	0.94	6.0	1.04	7.4